Joint Center HEALTH POLICY INSTITUTE

Joint Center PLACE MATTERS

PLACE MATTERS Design Lab Thirteen

Determining the Public's Health:

Implications of the Economy, Housing, and Employment

October 27-29, 2010 ▪ Cuyahoga County

Prepared by: CommonHealth ACTION

OVERVIEW & PURPOSE

We are delighted you will join us for our thirteenth Design Lab (DL) learning experience. Building on previous labs, our national learning community will convene in Cleveland, Ohio to support the Cuyahoga County team's *PLACE MATTERS* efforts. We greatly appreciate the team's hospitality and the time spent to organize the tour of their community. In addition, we extend a warm *PLACE MATTERS* welcome to our special guest speakers, as well as to our first-time Design Lab attendees.

> **MEETING GOALS**
> 1. Learn about Cuyahoga County's determinants of health work related to land use in their community.
> 2. Explore the intersections of the economy and health as they relate to Housing and Employment.
> 3. Explore the impact of economic policy on the social determinants of health and equity.
> 4. Engage in intra-team exercises to identify and develop policy approaches addressing specific determinants of health over the next 10 years.
> 5. Network with colleagues and foster working relationships within *PLACE MATTERS* affinity groups.
> 6. Provide a safe place to brainstorm new and innovative approaches.

For the benefit of all participants, and especially for new members of our national learning community, this concept paper provides a brief overview of the *PLACE MATTERS* initiative and context for the meeting in Cleveland. Building on all previous DL concept papers (Concept Papers from DL1 to DL12 are available online: http://jointcenter.org/hpi/pages/design-labs), the contents herein are intended to frame Design Lab 13 and to provide a brief overview of the *PLACE MATTERS* initiative for new Team members. DL13 provides an opportunity for peer networking and collaborative learning across *PLACE MATTERS* communities through discussion and strategizing within and among your Teams. Based on the progress teams have made in their *PLACE MATTERS* community work, program planners have developed several informational plenary sessions and team learning exercises to delve deeper into the impact of housing, and employment on our communities' health.

THE ECONOMY & HEALTH

> *How do we as individuals, communities, and a nation create an environment that allows for the production of good health?*

It is no mystery that the current economic crisis has adversely affected individuals and families across America. People have lost their jobs and cannot find new work. Families have lost their homes and are struggling to make ends meet. As we have learned through the *PLACE MATTERS* work and previous design labs, the social, physical, and financial environments in which people live create opportunities for health while influencing personal behavioral health choices. Inequities in cities and communities are not merely the result of local social conditions and policies. They are born out of a greater societal creation that systematically targets certain populations. This is evidenced by the reality that no two cities or communities are the same, yet we

observe similar manifestations of poor health—concentrated in low-income communities, communities of color, and other historically marginalized groups. As we make decisions and develop policies in the public and private sectors, "How do we as individuals, communities, and a nation create environments that allow for the production of good health?"

> *Poor economic conditions have led to the third consecutive annual increase in the number of people living in poverty. Between 2007 and 2009, the number of people living in poverty has increased by 1.9%, representing 6.3 million additional people living in poverty.*

As of August 2010, the national unemployment rate was 9.6%. Many areas and populations around the country continue to experience rates that are double or triple the national average. To that point, the unemployment rate among African Americans in August was 16.3%[1]. Increasingly discouraging, and with great implications for health, the long-term unemployment rate (people unemployed for more than 27 weeks) was 42% of all unemployed people[2]. Due significantly to the lack of meaningful employment, foreclosures continue to sweep across the country and threaten the very fabric of our communities. In August, one in every 381 housing units in the United States received a foreclosure filing[3]. Similar to employment, the distribution of foreclosures is not uniform and the nature of foreclosures leads to clustering in certain areas. All in all, the vacancy rate in the United States was 14.4% in the second quarter of 2010[4]. Such poor economic conditions have led to the third consecutive annual increase in the number of people living in poverty. Between 2007 and 2009, the number of people living in poverty increased by 1.9%, representing 6.3 million additional people who are living in poverty. Not only did the number of people living in poverty rise, but the gap between rich and poor also widened. This is a disturbing trend given that the United States was already considered the most inequitable country in the industrialized world[5].

The socio-economic status (SES) health gradient indicates that as SES increases, so does health status[6][7]. In less technical terms, we understand the concept of low SES simply as *poverty*. No matter how we classify poverty—income and wealth; education; employment and class; housing; and race and ethnicity—the connection between poverty and health is unmistakable[8]. Changes in personal socio-economic status, and subsequently the movement in and out of poverty, are subject to the ebb and flow of the general economy.

While the *economy* is often a nebulous entity, it manifests itself in people's lives in very real ways. For the purpose of this design lab, we have decided to focus on two specific factors of the economy: *housing and employment*. We have chosen these factors because of their significant impact and influence on people's lives. When discussing these two inextricably linked economic factors, it is important to recognize that you cannot talk about one without acknowledging the influence of the other. However, for the purposes of this concept paper, we will discuss how housing and employment individually affect health, while remaining cognizant that neither is the sole progenitor of poor health.

---

[1] DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-238, *Income, Poverty, and Health Insurance Coverage in the United States: 2009*, U.S. Government Printing Office, Washington, DC, 2010.
[2] Bureau of Labor Statistics. (2010). *The Employment Situation August 2010.* Washington DC: U.S. Department of Labor.

[3]RealtyTrac. (2010, September 16). *U.S. Forclosures Market Report August 2010*. Retrieved September 20, 2010, from RealtyTrac: http://www.realtytrac.com/content/press-releases/foreclosure-activity-increases-4-percent-in-august-6041

[4] U.S. Department of Commerce. (2010). *Residential Vacancies and Homeownership in the Second Quarter 2010.* Washington DC: U.S. Census Bureau
[5] Mishel, L. Bernstein, J. Allegretto S. (2007). The State of Working America 2006/2007. Ithaca: Cornell University Press and Economic Policy Institute.
[6] Antonovsky, A. (1967). Social class, life expectancy and overall mortality. *Milbank Memorial Fund Quarterly, XLV,* 31-73.
[7] Marmot, M.G., Smith, G.D., Stansfeld, S. et al. (1991). Health inequalities among British civil servants: The Whitehall II study. *Lancet, 337, 1387-1393.*
[8] Cutler, D. M., Lleras-Muney, A., Vogl, T. (2008). Socioeconomic Status and health: Dimensions and Mechanisms. *NBER Working Paper 14333, September.*

EMPLOYMENT & HOUSING

Employment is one of the most important ways in which people identify themselves, establish self-sufficiency, and self-worth. Therefore, it is not surprising that experts consider employment an integral part in the production of health. Employment supplies most people with income, health insurance (at times), and other benefits that support healthy and happy lives. Take that away and people's lives can fall into chaos—displacement, violence, substance abuse, and overall poor health. In a study of men living in the 58 largest metro areas in the country, researchers found that recessions correlate with weight-related and mental health issues. Equally alarming is research that shows that decreases in health were most significant in individuals who are least likely to be employed, e.g., individuals with less than a bachelor's degree, and African-American men[9]. The above statistics indicate that employment is one of the social determinants that contribute to the obesity epidemic in America.

The housing status of families and individuals also has a major impact on their health and well being. For instance, it is widely accepted that homelessness has a detrimental effect on families. Children are particularly vulnerable when they do not have a specific place to call home, and this instability affects the way they eat, sleeping, learn, and interact with others. Housing insecurity and instability manifest themselves not only physically (e.g., lack of proper sleep or availability of home cooked, nutritional meals), but also mentally (e.g., depression). In addition to impacting people's health, housing affects community health. The physical environment of a community – comprised of elements such as air quality, mold, lead exposure, and physical safety – has a direct impact on health[10].

One example of indirect health risks is the effect of home foreclosures on both individuals and communities. A recent report from the Alameda County Public Health Department and Causa Justa:: Just Cause, shows that people experiencing foreclosure are more likely to report worsened mental conditions, including stress, depression and anxiety[11]. Families forced out of their homes and communities often end up in crowded living conditions, evidenced by the 11.6% increase in the number of households with multiple families[12]. Communities experiencing large numbers of foreclosures face social isolation, weakened social ties, and reduced social capital[13]. The loss of community cohesiveness and social capital all but eliminates their ability to band together around pressing issues. Such communities are less able to address increased violence and drug activity that are a result of the vacant housing structures. Additionally, strategies usually taken by cities to address these problems are more challenging because unstable and increasingly vacant communities generate less revenue.

The vicious cycle of increased foreclosures and lost tax revenue highlights the need to develop innovative policies that combat adverse community conditions. Policies that keep families in their homes, communities intact, and promote fair real estate practices promote generational wealth and have the potential to keep people healthy in innumerable ways. Similarly, policies that ensure equitable opportunities to gain and maintain employment promote health and well-being.

---

[9] Kerwin K.C., DeCicca P., (2008). Local labor market fluctuations and health: Is there a connection and for whom?, *Journal of Health Economics*, Volume 27, Issue 6,Pages 1532-1550

[10] Krieger J, Higgins DL. (2008). Housing and health: time again for public health action. *Am J Public Health,* 92, 758–768.

[11] Clark, R., Phillips, D., Lee, T., & Desautels, A. (2010). *Rebuilding Neighborhoods, Restoring Health.* Oakland: Alameda County Public Health Department & Causa Justa :: Just Cause.

[12] DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-238, *Income, Poverty, and Health Insurance Coverage in the United States: 2009*, U.S. Government Printing Office, Washington, DC, 2010.

[13] Kawachi I., Berkman L.. (2003). Neighborhoods and health. Oxford: Oxford University Press.

Economic Policy

Our current system of addressing health issues downstream (responding to disease and illness) is wholly unsustainable, but there is a continuum of available, innovative upstream interventions. Along that continuum, there are steps we can take at the community, city, and state levels to address downstream health outcomes. These steps may include advocating for land bank regulations, which help cities proactively address vacant properties and blight in their communities, as well as enacting policies that consider the impact of furlough days on different levels of government employees. These are just two examples of ways that communities have taken upstream approaches to keeping people in their houses and at their jobs.

The Policy Continuum	**DOWNSTREAM** *Programs that address problems once they have already happened.*	**MIDSTREAM** *Programs and policies that attempt to alleviate problems while not addressing the actual issue.*	**UPSTREAM** *Policies that guarantee affordable housing and equitable employment opportunity for people of all income levels.*
HOUSING	**Homeless shelters**	**Housing Vouchers**	**Inclusionary zoning**
EMPLOYMENT	**Food pantries, soup kitchens**	**Job retraining programs**	**Raising the minimum/living wage**

Some have called the last 10 years a 'lost decade'[14]. Not only has the country failed to move forward, but it has also taken steps backwards in some respects—incomes have decreased, jobs have been lost, and income inequality has increased[15]. Financial and human resources were depleted responding to crises instead of creating productive and forward thinking policy. In order for conditions of communities to improve, the next decade must focus on multi-sectoral approaches to address the upstream issues that impact opportunities to be healthy. Emerging leadership in government and institutions has started to recognize and acknowledge the interactions between sectors and the need to move policies and actions from their previous focus on disease silos to health producing systems.

While the inner workings of the economy are sometimes hard to grasp, its consequences are not. Two economic components – housing and employment – are key determinants that often trap individuals, families, and whole communities in intergenerational poverty suffering from a lack of family and community assets. If we are serious about addressing the social determinants of health, we must approach economic policy as one of the strategies on the path towards health equity. How can *PLACE MATTERS* teams and community members prepare to address upstream economic issues? What are the policies that disproportionately affect low-income families or people of color and how should your team work to address and change them? How will improved economic policy create a healthy living environment that will impact your team's SDOH focus? Please take time to think about these questions and the ideas presented as you prepare to attend the design lab.

[14] Gould, E, & Shierholz, H. (2010, September 16). *A lost decade: poverty and income trends paint a bleak picture for working families*. Retrieved from http://www.epi.org/publications/entry/a_lost_decade_poverty

[15] DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-238, *Income, Poverty, and Health Insurance Coverage in the United States: 2009*, U.S. Government Printing Office, Washington, DC, 2010.

TOURING CUYAHOGA COUNTY

(Section Authored and Contributed by the Cuyahoga County PLACE MATTERS Team)

Cuyahoga County is located in the northern portion of Ohio and covers 458 square miles and is the state's most heavily populated county. Of the 1,393,978 residents in the county, 47.24% are male and 52.76% are female with a median age of 37.3 years. This population is racially/ethnically distributed as follows: 67.4% White; 27.4% Black or African American; 2% American Indian and Alaska Native; 1.8% Asian; and 3.4% Hispanic, with trace numbers of Native Hawaiian and Other Pacific Islander or individuals self-reporting being mixed race. Cleveland is the county seat and is also the county's largest city, with a population of, 478,403 people in 2000[1]. Beyond the city of Cleveland, there are 58 other municipalities, villages and townships in the county.

Cuyahoga County was established in 1807, just four years after Ohio became a state[2].The Village of Cleaveland (as it was called prior to 1831) was selected as the county's seat. In 1810, the county saw business being first conducted at Public Square and the county's first two commissioners were elected. The third commissioner joined the group in 1813, developing a system of three commissioners that has remained in place until now[3].

Cuyahoga County came to prosper as a trade center due to its desirable location on Lake Erie and the completion of the Ohio and Erie Canal, which provided a well-traveled link between the lake and the Ohio River. In the 1800s, the area was at the heart of the manufacturing revolution, and the population boomed as did wealth. The region became recognized for inventions such as the first streetlight, the first streetcar, the whole-body scanner and x-ray machine, and even Life Saver candy[3].

By the 1960s, the industrial city of Cleveland began to decline steadily like others across the nation, and more and more residents migrated outward. The dramatic loss of traditional manufacturing jobs that followed in more recent years had a significant impact on the county's economy.

Economically, Cuyahoga County has an average per capita income of $22,272, with a median household income of $39,168. These figures translate to 13.1% of individuals and 10.3% of families in the County living below the poverty level[16]. The county is experiencing many challenges as a result of the recession including high levels of unemployment. In August of 2010, Cuyahoga County ranked 47th out of 88 counties in unemployment[4].

One of the primary challenges the county faces is the continuing stress on the housing market caused by the foreclosure epidemic. Foreclosure filings hit Cuyahoga County hard in 2009, and the economic impact is spreading deeper into the suburbs. The county saw nearly 14,800 new foreclosure filings in 2009 and this number remains virtually unchanged from 2008. It was the fourth year in a row that new filings topped 13,800. These numbers include both mortgage and tax foreclosures actions[5].

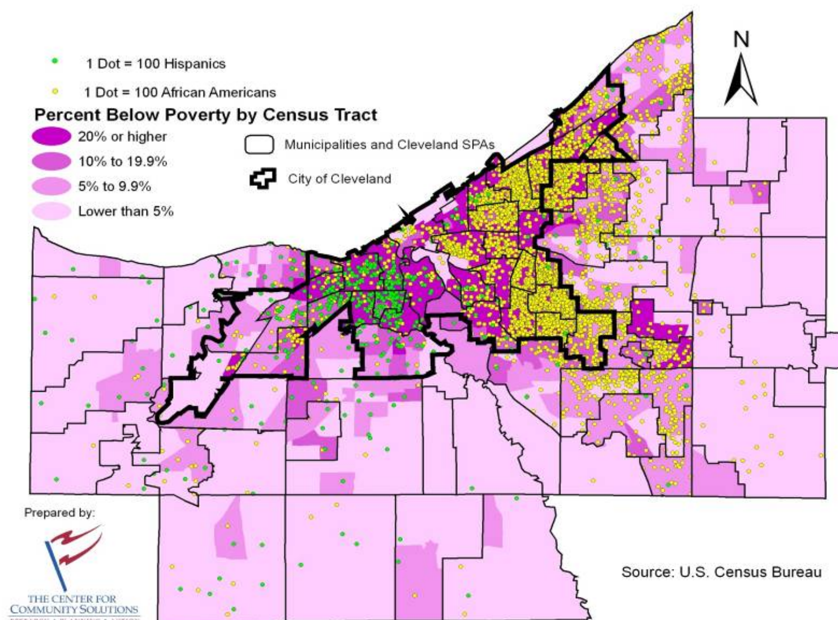
Manufacturing remains a mainstay of Cuyahoga County, despite the impacts of a changing economy. Manufacturing is a $19.8 billion business, proof that Cuyahoga County endures as a leader in the manufacture of machinery, paints, and other products. The latest US Census figures show that 13% of workers in the county have manufacturing jobs. The county today is also known as a center for advanced developments in technology, internationally renowned health care, groundbreaking medical research, education and business. A full 24% of jobs in 2005 were in educational services, health care and social assistance[2]. The Cleveland Clinic and University Hospitals are leaders in the Cleveland health care

market. The Clinic is the regions' largest employer with more than 30,000 workers followed by University Hospitals, the regions second largest private employer with about 17,000 employees[6].

The period from 2010 to 2011 will go down as a historic year for Cuyahoga County as the county transitions from the three-county commissioner government structure that has been in place for 200 years, to a new county government that is being formed with the goal of significantly improving the County's economic competitiveness. In November of 2009, the voters adopted the county's first charter establishing an Executive/Council form of government, eliminating the Board of County Commissioners and all elected offices except the Prosecutor, fully effective January 2011.

Not unlike many metropolitan regions, Cuyahoga County's inequities are geographically concentrated in the urban core (Cleveland and Inner Ring Suburbs) of the county. It is in these low income communities where we see the highest concentration of African Americans and Hispanics, as well as the highest concentrations of poverty (see figure 1). The poverty rate in Cleveland is 26.27% compared to 13.13% for the county. The highest poverty rate is seen in the East Side of Cleveland (30.57%), followed by west side of Cleveland (20.24%), East Inner Ring Suburbs (10.97%), West Inner Ring Suburbs (5.69%), and Outer Ring Suburbs (3.88%).[7] The city of East Cleveland has the highest poverty rate in the county with a rate of 32%. In these areas, residents suffer more from negative environmental factors including: poor air quality, poorly maintained homes, lack of healthy food options, the lack of clean and safe green spaces such as parks and playgrounds and are less healthy overall than the general population.

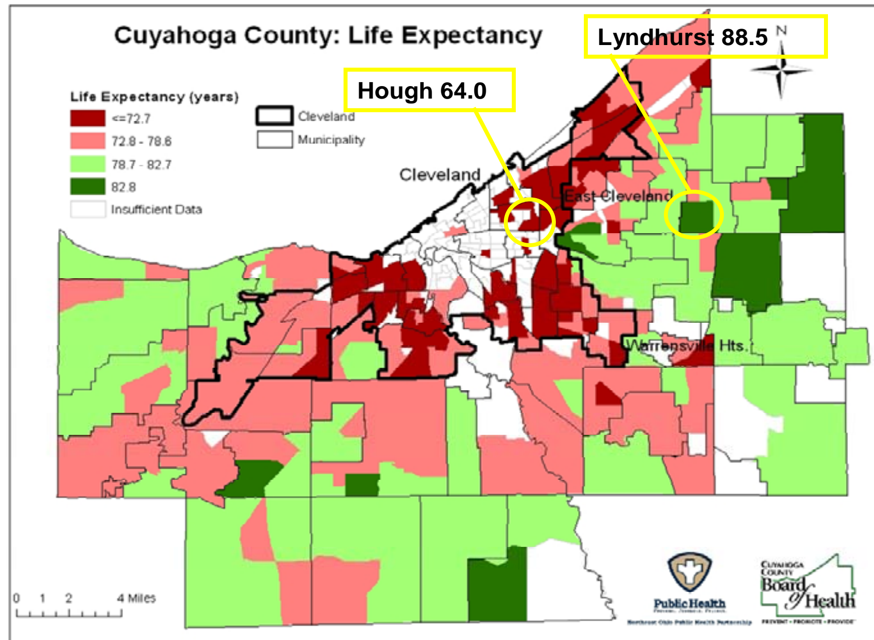
Figure 1



A recent analysis of life expectancy data by the Cuyahoga County Board of Health shows that residents in the outer ring suburban areas of our county live nearly a quarter century longer than their urban counter parts. The data reveals that there is a **twenty-four (24) year difference** between those that live the longest in Cuyahoga County and those whose lives were the shortest. Individuals with the longest life expectancy in our county live over 88 years and are concentrated particularly in the neighborhood of Lyndhurst. The data reveals that those with the shortest life expectancy in our county (64 years) are concentrated in Hough, an inner-city neighborhood of Cleveland (See Figure 2). Even more striking is

that the geographic distance between the Hough neighborhood and Lyndhurst is only about 8.5 miles, which on average commute time represents an eighteen (18) minute drive.

Figure 2



Vital Statistics data obtained from: The Ohio Department of Health
Life Expectancy data calculated by: Cuyahoga County Board of Health and the Alameda County Public Health Dept. (CA)

Cuyahoga County Inequities-At-A-Glance:

Workforce and Economic Development

- In Cuyahoga County, median household income was lowest on the East Side of Cleveland ($22,277), followed by the West Side of Cleveland ($31,064), East Inner Ring Suburbs ($39,904), West Side Inner Ring Suburbs ($43,701) and Outer Ring Suburbs ($54,768)[7].
- 23.3% of Cuyahoga County's children lived in poverty in 2007, an increase of 4.3% since 2001[8].
- African Americans and Hispanic/Latinos combined comprise 62% of those individuals in Cuyahoga County living below the poverty level[1].

Family Support and Child Welfare

- The 2009 data on the Supplemental Nutrition Assistance Program (SNAP- federal food stamp program) shows that 32% of children, 8% of whites and 40% of African Americans rely on the SNAP program. More than one out of three African-Americans in Cuyahoga County depends on SNAP to feed their family[9].
- Public assistance for single parents through ADC/TANF (Temporary Assistance to Needy Families) was utilized by 3,893 whites as compared to 14,946 African Americans in April 2010[7].

Education

- Education levels across the county indicate that out of the population ages 25 years or older, 81.6% have high school diplomas or higher, however, only 17% of African Americans have a high school diploma or higher in Cuyahoga County[1].

Housing

- Housing units in below average condition (fair to unsound as classified by county auditor) in 2001 are concentrated in the County's urban core with 42% in Cleveland and 5% in suburbs.
- In 2000, African Americans comprised 39% of the 210,477 residents living in renter-occupied housing units in the county[1].

Health

- Heart Disease is the leading cause of death in Cuyahoga County. According to 2004-2006 data from the Ohio Department of Health, the average annual age-adjusted mortality rate (per 100,000 population) for heart disease among African American males in Cuyahoga County was 406.2 compared to 303.8 for white males and 260 for all residents.[10]
- According to 2005-2007 data from the Center for Community Solutions, infant deaths per 1,000 live births were significantly higher among African Americans (17.3) compared to whites (5.4) in Cuyahoga County.[11]

The **Cuyahoga County *PLACE MATTERS*** team is guided by its vision for a Cuyahoga County where people can thrive because there is equitable access to resources and opportunities – e.g., economic, social or environmental – that are necessary to attain the highest quality of life. The team advocates for the development of policies that create the conditions for optimal health such as safe housing, adequate green space, clean air and water, access to healthy foods, access to quality health care, and quality education. It is intended that the long-term impact of these efforts will allow urban communities to thrive because they will have equal access to economic, social, and environmental resources.

The team is building multi-sector partnerships to advance health equity county-wide and is utilizing "place-based" interventions to engage and empower residents in revitalizing their communities in two under-resourced communities – The Buckeye neighborhood in Cleveland and the City of East Cleveland. In addition, the team has advanced a county-wide health access initiative. Enrollment is scheduled to begin in late 2010 and should advance equitable access to both primary and specialty care for underinsured and uninsured residents, particularly those who fall through the current public health safety net. The initiative will be highlighted at this year's APHA conference to be held in Denver, CO.

In an effort to build local awareness and capacity for creating healthy, hopeful and prosperous communities, the ***PLACE MATTERS*** team and planning partners, held the *PLACE MATTERS*: Cuyahoga County Health and Land Use Summit II on August 19, 2010. The event was funded through the generous support of the Saint Luke's Foundation, The Joint Center for Political and Economic Studies Health Policy Institute, The Creating Healthy Communities Program, and the Agency for Toxic Substances and Disease Registry. The event brought together over 170 local planners, developers, public health professionals, municipal officials, philanthropic organizations, and community representatives to continue the movement for advancing health equity through land use planning started through the first Health and Land Use Summit in the fall of 2009. The Summit has generated tremendous interest throughout these sectors and raised awareness about the importance of place and equitable planning practices. To date, several key planning initiatives in the city of Cleveland and the County of Cuyahoga, are actively working to incorporate the role of "place" and "place-based strategies" into their work, e.g. the Mayor's Sustainability Summit, Re-Imagining Cleveland, Transforming Cuyahoga County Government.

The team intends to engage over 50 of the summit attendees who committed to supporting and advancing the teams vision by joining the ***PLACE MATTERS*** county-wide consortium that will be organized by the close of 2010. The team, with the support of a broader network of partners, intends to: 1) Enhance

partnerships and build local capacity for addressing and measuring health and equity impacts of land use decisions; 2) Mobilize key stakeholders for applying the Health Impact Assessment process locally to influence land use decisions at the neighborhood, city and county levels; and 3) Engage key stakeholders and identify critical champions to further define and advance a health equity policy framework to influence land use decisions which impact the social and environmental determinants of health and health inequities.

Cuyahoga County PLACEMATTERS Team Members

Cuyahoga County Board of Health – Najeebah Shine, Terrence Allan, Martha Halko
Saint Luke's Foundation – Sandra Byrd Chappelle
Cuyahoga County Office of Health and Human Services – Sabrina Roberts
Center for Community Solutions/Kent State University – Ken Slenkovich
Cuyahoga County Planning Commission – Paul Alsenas, Claire Kilbane
Cuyahoga County Department of Development – Janise Bayne
Cleveland City Planning Commission – Fred Collier
Neighborhood Progress Inc. – Joyce Rhyan

References and Data Sources:

1. 2000 Census. US Census Bureau.
2. Seward, J. (2007). Cuyahoga County Ohio Economic Resource Guide.
3. History of Cuyahoga County. Retrieved from http://www.cuyahogacounty.us/home/history.asp
4. Ranking report. (August, 2010). Ohio Unemployment Rates by County. Ohio Department of Job and Family Services. Office of Workforce Development. Retrieved from http://lmi.state.oh.us/LAUS/Ranking.pdf
5. Livingston, S. (2010, February 1). New foreclosure filings in cuyahoga county remain high and advance in the suburbs. The Plain Dealer. Retrieved from http://blog.cleveland.com/metro/2010/02/new_forclosure_filings_in_cuya.html
6. Katz, S., Bond, A., Carrier, ER., Docteur, E., Quach, CW., Yee, T. (2010, September) Comunity Report. Washington, DC: Health System Change (Number 2 of 12).
7. NEO CANDO system, Center on Urban Poverty and Community Development, MSASS, Case Western Reserve University (http://neocando.case.edu)
8. 2007 Kids Count Data. Children's Defense Fund-Ohio.
9. Food stamp usage across the country. (2009, November 28). The New York Times. Retrieved from http://www.nytimes.com/interactive/2009/11/28/us/20091128-foodstamps.html
10. Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus, Ohio. December, 2008.
11. Lenehan, T. (2010, January). Data confirms community needs family planning and health services. Planning & Action, The Journal of The Center for Community Solutions. Vol. 63, No.1, p. 9.

PLACE MATTERS FRAMEWORK – BRIEF RECAP

PLACE MATTERS **is a national initiative of the Joint Center for Political and Economic Studies, Health Policy Institute (HPI) designed to improve the health of participating communities by addressing social conditions that lead to poor health.**

The Joint Center Health Policy Institute (HPI) approach to reducing/eliminating health disparities involves identifying the complex underlying causes of health disparities and defining strategies to address these root causes. A growing body of research clearly supports the notion that interventions targeting social determinants of health can indeed modify patterns of health, illness, and health disparities. Systematic and evidence-based translation of this knowledge into policy and practice remains limited. Targeting upstream causes of health and measuring the indicators associated with social determinants of health are at the heart of our *PLACE MATTERS* work. ***Over a period of three to five years, PLACE MATTERS participants should be able to demonstrate and document progress, as well as the reasons for progress, toward redressing the social conditions associated with health inequities—and thereby toward reducing health disparities.***

PLACE MATTERS' unique emphases:

1. engage communities of color with poor population health status;
2. support multidisciplinary teams vis-à-vis a national learning community (supportive laboratory);
3. reduce/eliminate health inequities by addressing social determinants of health (i.e., actions should specifically address social issues at their roots, e.g., housing policies, etc.);
4. develop benchmarks and other means to monitor progress that demonstrates the effectiveness of addressing social determinants of health; and
5. document lessons learned and outcomes of addressing social determinants of health.

This Design Lab will indeed be another valuable opportunity for our *PLACE MATTERS* learning community and will serve as a critical building block in each Team's work to address the social factors that produce poor health outcomes, thereby creating health equity. We hope you will find this working meeting productive and invite you to leverage your participation in *PLACE MATTERS* to enhance your efforts and to strengthen your capacity to improve the health and well-being of your community. We invite DL13 participants to arrive prepared to:

- further develop Team communications strategies that frame social determinants of health (**to be well prepared, we encourage all participants to review all preparatory meeting materials in advance**);
- engage in teamwork, taking advantage of formal and informal opportunities to solidify Team activities and to advance strategic action plans;
- enhance existing logic models to include communications activities;
- consider opportunities associated with the recession to strengthen the safety nets available to your communities; and
- Seek opportunities to network with *PLACE MATTERS* sites to benefit your local *PLACE MATTERS* work.

We look forward to seeing you in Cleveland!

PLACE MATTERS COMMUNITIES